



New
England
Deaconess
Hospital

Annual Report
1983



On the Cover

Education, research, and patient care—three aspects of the New England Deaconess Hospital—have been essential components of the hospital's mission throughout its history.

Education has been integral to the Deaconess since the hospital was founded in 1896 as an expansion of the New England Deaconess Home and Training School. Today, in addition to its School of Nursing, the hospital provides educational programs for medical students, resident physicians, and a variety of health care specialists.

Research at the Deaconess has ranged from some of the earliest studies in diabetes and cancer care to today's sophisticated programs in the Cancer Research Institute, the Shields Warren Radiation Laboratory, and each of the clinical departments.

Patient care has always been paramount, the reason behind all of the hospital's efforts. The original eight deaconesses opened their home to the poor and sick of Boston out of a sense of caring and compassion. Today, when technology has taken over many aspects of medical care, the Deaconess is still a hospital where "the patient always comes first."

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Report of Management

Without any doubt, fiscal 1983 was a difficult and challenging year for our hospital.

In many respects the past 12 months represent a clear watershed between the familiar retrospective, cost-based reimbursement formulas and the new prospective reimbursement approach embodied in Chapter 372, enacted by the state legislature in mid-1982. The new rules provide each hospital in Massachusetts a "maximum allowable cost" (MAC) figure. If a hospital spends less than its MAC, that hospital is allowed to keep the amount that has been "saved." On the other hand, if a hospital exceeds its MAC, it is not reimbursed for the excess expenditures. In addition, there are mandatory productivity improvements which are intended to force hospitals to become more efficient. Without question, Chapter 372 contains very strong incentives for hospitals to hold down costs, reduce services, and limit new technology, with equally strong penalties to punish those institutions which do not. Our management and medical staff have spent a great deal of their time and energy during the past year coping with the challenges generated by Chapter 372 and by other regulatory initiatives designed to regulate or control hospitals and their expenditures.



This environment made for a difficult year financially. Total operating revenues, after adjustments for free care, uncollectables, and contractuals, amounted to \$102,250,000. Expenses, which were reduced from our original budget by approximately \$2 million during the year in order for us to stay within our MAC, totaled \$100,731,000, leaving income from operations amounting to \$1,519,000. Unfortunately, following a charge of \$1,367,000 relating to prior years' contractual settlements, our operating gain was reduced to \$152,000. After nonoperating revenue and expense, net income amounted to \$2,840,000.

Our operating gain would have been substantially higher had it not been for several significant items of expense taken in prior years which were disallowed by Medicare or by the Rate Setting Commission

auditors. As a result, we charged off in 1983 as additional contractual adjustment relating to prior years' settlements over \$1.3 million. We strongly disagree with these highly arbitrary decisions, and have filed an appeal which will be pursued vigorously. Regrettably, these adjustments largely offset a number of positive management and medical staff actions which had reduced overall expenses and brought about operating efficiencies designed to capitalize on Chapter 372 incentives.



With these recent dramatic changes in our reimbursement system, there is now a high premium on effective planning. Traditional hospital based services are beginning to become "unbundled," and we are seeing free-standing emergi-centers, surgi-centers and clinics popping up in shopping malls and other locations convenient to patients. Since these facilities are single purpose in nature and do not have the high overhead costs with which hospitals are burdened, they can offer some limited health care services at lower prices than hospitals. Moreover, for-profit hospital chains are expanding their operations into the Northeast, which has traditionally been the stronghold of voluntary non-profit hospitals. This emerging competi-

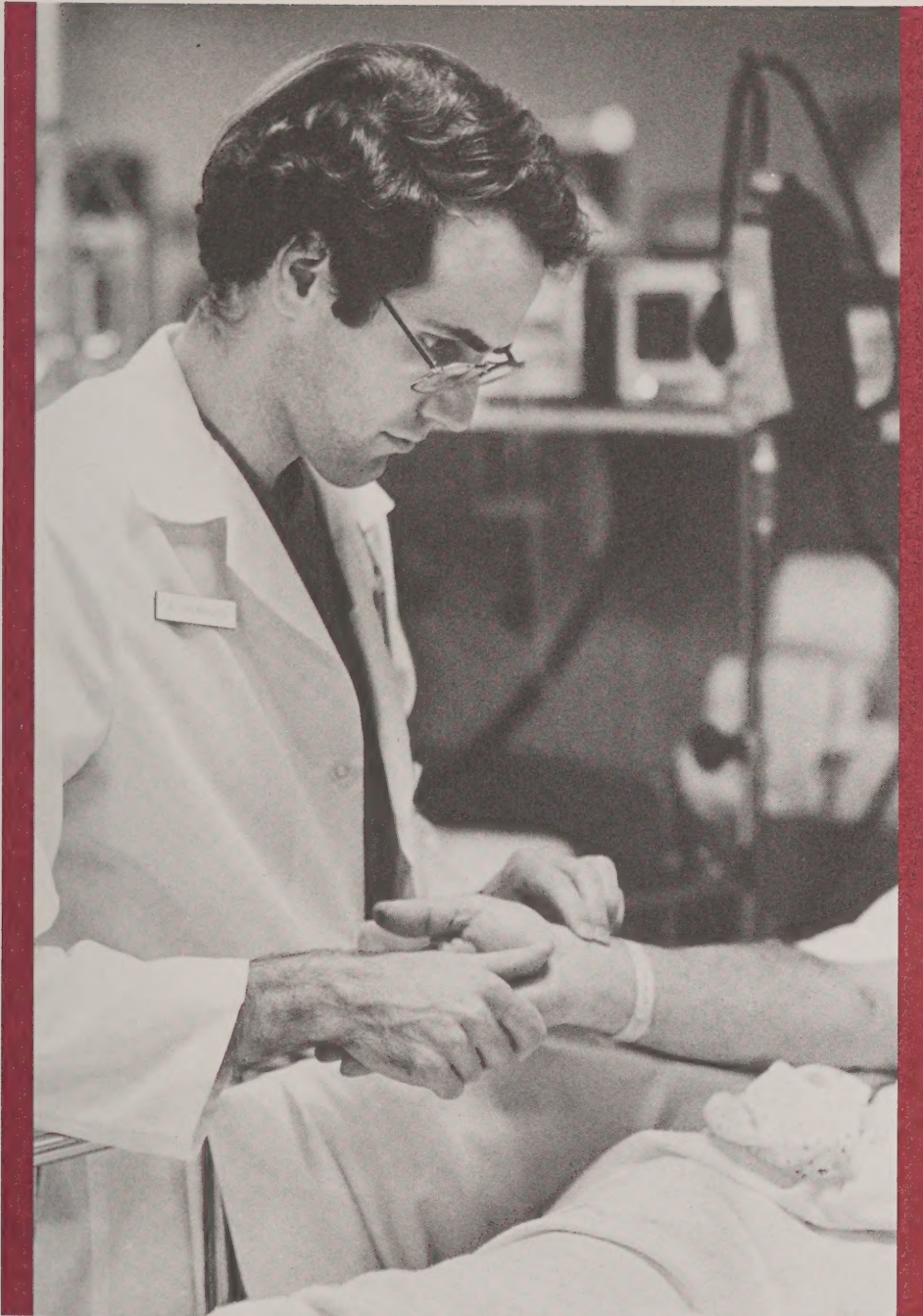
tion is yet another reason that we have undertaken a formal review of our strategic plan for the balance of this decade.

This review will examine our present services, the markets we serve, the needs of our patients, emerging technology, our strengths and weaknesses, as well as other pertinent factors. Out of this examination will emerge a revised strategy, a financial plan, and recommendations for an appropriate organization for the Deaconess. These changes will be designed to enable the Deaconess to meet the forces of change and the growing competition we see in the environment ahead while preserving our traditional concern for the individual patient.

Despite our annexation of Harris Hall and, more recently, 99 Brookline Avenue for administrative activities in order to provide incremental space for expanding clinical needs within the main

hospital, we are still critically short of space for patient care, educational, administrative, and research needs. This problem becomes a little more critical with each passing year. It must be squarely faced and resolved in the immediate future.

Meanwhile, we have completed an in-depth review of our accounting systems and are installing a new management information system, designed to provide more automated information processing, a faster response time, increased productivity, and improved financial controls. With similar objectives in mind, we successfully moved from a manual to a computer-based



pathology laboratory reporting system last August. This changeover required about two years of planning and preparation and was accomplished without any serious problems.

For many years the Deaconess has been one of the major kidney transplant centers in New England. In July, after nearly a year of planning, we performed the first

successful human liver transplant ever done in Boston. With three other Boston hospitals, we are organizing the Boston Center for Liver Transplantation, which will apply for authorization from the State to perform liver transplants on a regular basis for Massachusetts residents and patients living in the Northeast. Other new services developed during the past year include clinics for patients with intractable pain and those afflicted with Alzheimer's disease.

During the year, two search committees have been established—one to find a replacement for Dr. Samuel Hellman, chairman of our department of radiation therapy and director of the Joint Center for Radiation Therapy, and another to find a successor for Dr. William V. McDermott Jr. who is approaching retirement as our chairman of surgery.

At last year's Annual Meeting, two trustees reached the maximum term of service under our bylaws and retired: F. Thayer Sanderson and William B. Tyler. They have both been very active members of the Board of Trustees and have chaired or served on numerous trustee committees. We shall miss them both very much.

Managing a large urban teaching and referral hospital in today's environment is not an easy task. In addition to the financial pressures, there is the continuing need to respond to technological advances, as well as to regulatory and competitive challenges. This cannot be done without the understanding and support of our employees, medical staff, trustees and corporate members. We wish to thank them, as well as the Friends of the Deaconess and the numerous volunteers who give so generously of their time, for their assistance during the past year.

Marvin G. Schorr

Marvin G. Schorr
Chairman

Laurens MacLure

Laurens MacLure
President

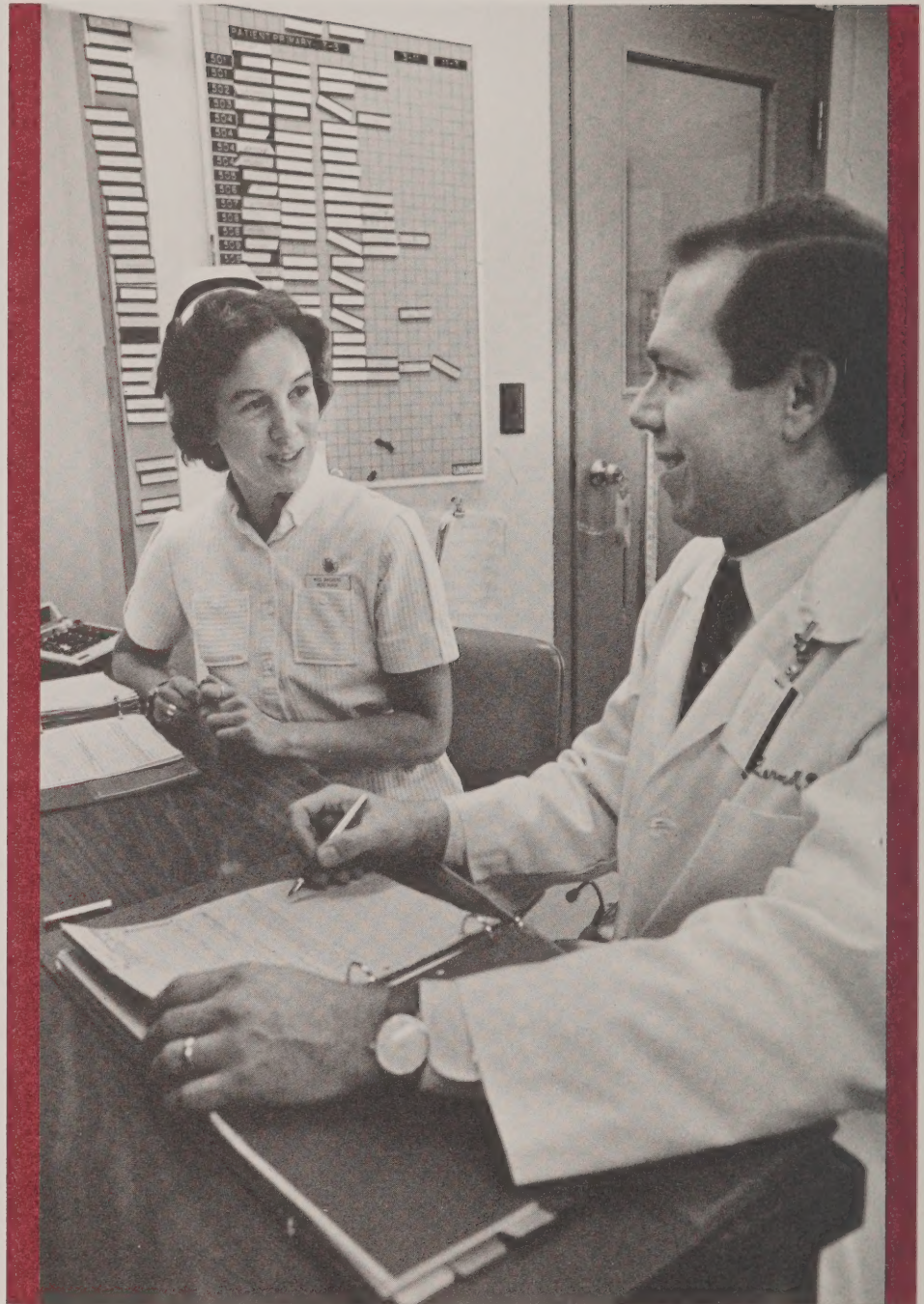
Department of Medicine

An academic department of medicine has three clearly defined missions: to provide excellent patient care, to add to the body of medical knowledge through basic or applied research, and to provide for the education of physicians in training as well as those on the senior staff. During the past year, the department of medicine has continued to grow in each of these areas. The highlights of this progress provide the basis for this year's report.

Patient care is, by definition, the most important mission of any department of medicine. The addition of a number of new, talented clinicians to the staff added to the flexibility of the department of medicine to provide such care. In addition, certain major organizational changes took place.

With the addition of Dr. Ronald Silvestri (who joined Drs. Richard Rose and Joseph Zibrak in the pulmonary section), the hospital is now able to provide full-time medical coverage in the intensive care units. Dr. Silvestri, who was appointed medical director of the intensive care unit, heads a team of pulmonary specialists whose expertise in dealing with critically ill patients has added a new dimension to the already excellent medical care offered to patients at the New England Deaconess Hospital.

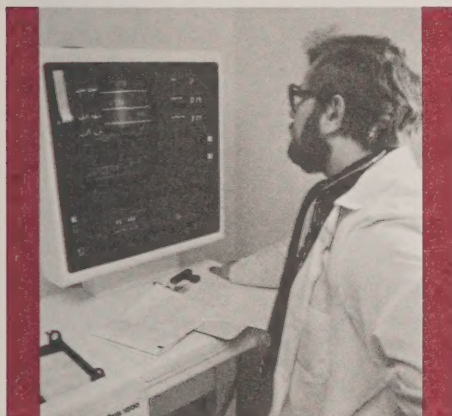
This year also saw the full implementation of the new psychiatry program on Baker 4. This program, administered by Dr. Russell Vasile, provides in-house psychiatric care for patients with serious medical and surgical illnesses and gives us enhanced flexibility in dealing with the total needs of our patients.



The overall activities of the department of medicine showed a modest growth compared to the previous year, most clearly reflected in the increased number of medical admissions (8,556 in fiscal year 1983, versus 8,107 in fiscal year 1982). In an attempt to comply with new outside regulations, the physicians of the medical staff were able to shorten the average length

of stay of their patients without jeopardizing patient care in any way. This shortened length of stay was accomplished by a number of factors, including more efficient utilization of laboratory tests and ancillary hospital facilities.

Considerable progress was also made in the area of medical research. A new division of experimental medicine was initiated under the direction of Dr. Jack Hawiger, who joined the department of medicine from Vanderbilt University. Dr. Hawiger is an internationally known hematology researcher whose major interests lie in the area of blood coagulation. In addition to basic research into the mechanism of blood clotting, Dr. Hawiger and his colleagues are studying the



mechanisms by which certain bacteria cause infections of the heart valves (endocarditis). Dr. Hawiger also has major committee assignments at the National Institutes of Health, is active in national and international hematological societies, and serves as editor of *Thrombosis Research*. Hematology research at the Deaconess was also bolstered during the past year by the establishment of an additional hematology research laboratory under the direction of Dr. Mario Baldini, who joined the department of medicine from Brown University, where he formerly served as professor of medicine and chairman of the department of medicine at Brown/Memorial Hospital.

Several other new laboratory operations were initiated at the Deaconess last year. Dr. Robert Lees has established a blood lipid research laboratory in newly renovated space in the Shields Warren Radiation Laboratory. Among other things, Dr. Lees is studying the basic mechanisms by which blood lipids play a role in the production of atherosclerosis, the most important cause of death and disability in the United States today.

Also at the Shields Warren Radiation Laboratory are the newly renovated facilities for the pulmonary research efforts of Drs. Richard Rose and Joseph Zibrak. These investigators are carrying out basic studies on the structure and function of the lung and on its defenses against infection. Their work will be aided by the recent appointment of Dr. Joseph Brain, professor of pulmonary physiology at the Harvard School of Public Health, as part-time research director in the pulmonary section.

The teaching efforts of the department of medicine during the past year assumed a number of forms. Weekly medical grand rounds served as the foundation for continuing education of both senior and house staff. In addition, a number of postgraduate courses were held at the Deaconess, including the annual Joslin-Deaconess diabetes course, and courses in nutrition, allergy and immunology, oncology, and neurology.

Dr. Lee Simon served as director for the newly revamped physical diagnosis course offered to second-year Harvard Medical students. The efforts of Dr. Simon and other members of the department of medicine, coupled with major assistance from members of the department of surgery, produced a course which the medical students rated as the best in the entire Harvard system last year!

The house staff training program remained the cornerstone of all teaching activities. The new interns who began their duties in July were drawn from top medical schools all over the country. Their very diversity adds greatly to the excitement and interest of the teaching program. In addition, for the first time this year, four one-year positions were made available for persons planning careers in psychiatry. This program was established in cooperation with Dr. Miles Shore and his co-workers at the Massachusetts Mental Health Center and promises to be an excellent complement to our other programs. A total of 30 new interns joined the program this year. In addition, 21 second-year residents, 22 third-year residents, and two chief residents comprise the medical house officers presently in training in the department of medicine.

The house staff training program is complemented by fellowship programs in cardiology, pulmonary disease, infectious diseases, gastroenterology, endocrinology/metabolism, and nutrition. A total of 34 clinical and research fellows are currently in training in these various programs. Although outside funding for fellowships is very tight at the present time, it is anticipated that the number of postdoctoral (especially research) fellows will continue to grow as the newly developing clinical, academic, and research programs in the department of medicine continue to mature.

Robert C. Moellering Jr., M.D.
Chairman
Department of Medicine

Department of Diagnostic Radiology

This year the department's major efforts have aimed at trimming the budget in order to comply with Chapter 372 while maintaining the quality care for which the Deaconess is known. The volume of patients coming to the diagnostic radiology department did not change during this time, so we focused on increasing efficiency. The first step was placing only the most essential services on call during the weekends. We combined this and other changes with a more substantive effort aimed at improving our already impressive daily utilization. Working closely with Susan Forti of the supervisory support service, Robert Clark and Dr. Hugh Wheeler launched an intensive assessment of the technologic staff time required for each clinical procedure. This data was carefully analyzed to develop time standards customized to radiology as practiced at the Deaconess, and these standards are now being used to monitor staffing requirements and productivity and to predict unit costs. In time, this approach should provide substantial savings. This unique cooperative effort also is being described for publication in the efficiency engineering and radiology literatures.

The new digital radiography unit was installed this past year. By means of electronic elimination of interfering structures, this unit can form images of blood vessels after a small injection of contrast medium—far less contrast medium than



required by conventional angiography, which this technique sometimes replaces. Catheterization is often not necessary, and the radiation exposure per film is reduced. The price for these advantages is poorer visual quality, which has no clinical significance in the current applications.

When angiography is still required or one of the therapeutic angiographic procedures is to be performed, our C-arm angiography unit is used. Since this facility opened in the last months of fiscal year 1982, the vascular and interventional laboratory has been kept busy with such procedures as angioplasty for relief of vascular obstruction, biliary drainage for treatment of jaundice, and carotid angiography for preparation for vascular surgery. Some of these procedures were pioneered here at the Deaconess.

Our fluoroscopy capability has been enhanced with a new table and imaging system in one room and an updated generator in another. In keeping with current goals in diagnostic radiology, these state-of-the-art additions provide a superior image with less radiation to the patient and the staff. Moreover, the physician and patient can be confident that the hardware will deliver high quality studies consistently.

In nuclear medicine an upgraded mobile image intensifier provides improved studies taken from the patient's bedside and transferred via hard wiring to the central data acquisition center in the department. The unit also has two 14-inch television monitors. Liver transplant patients will especially benefit from this unit because of their compromised immune system, precarious postoperative status, and requirement for frequent liver studies. A new Anger camera ordered in September will be installed in a few months for use in general nuclear medicine studies.

Drs. Maureen Clarke, Judith Katz, and Robert Lee joined the staff during this past year. Dr. Clarke was a fellow in computed tomography and ultrasonography at the Deaconess last year and then became a member of the staff here when her training program ended in July. Dr. Katz had just completed a fellowship in noninvasive imaging (computed tomography, nuclear medicine and ultrasonography) at New England Medical Center. Dr. Lee completed a residency in radiology and fellowship in nuclear medicine at the Deaconess before becoming a staff member in July.



Applicants for the residency and fellowship openings are more highly qualified each year, and our teaching program continues to be a source of challenge and pride for the staff. Dr. Herbert Gramm ably directs both programs.

Our clinical research efforts led to a number of publications this year. Dr. Melvin Clouse and colleagues described the diagnosis and management of liver tumors, removal of common bile duct stones with a modified Dormia basket, hepatic artery embolism for palliative care of liver tumors, the complications of percutaneous transhepatic biliary drainage, and transcatheter embolization for treatment of congenital renal arteriovenous malformations.

Dr. Phillip Costello and his coauthors related their technique of CT-guided biopsy; the demonstration of lymphadenopathy, pelvic sarcoidosis and complications of prosthetic arterial grafts on computed tomography; and the use of splenic embolism in the care of cancer patients. Dr. Thomas Hill authored a number of papers on emission computed tomography of the brain and single-photon radiopharmaceuticals in health and disease with Dr. Lee assisting.

Dr. Robert Kane and others published articles on ultrasonographic evaluation of the gallbladder, catheter localization of abscess drainage, and renal arterial calcification. Dr. Judith Katz wrote about ultrasonographic abnormalities in portal hypertension with Dr. Kane and on osteomyelitis. Dr. Daniel O'Leary and others shared their experiences with noninvasive

testing for carotid artery stenosis, cost-effective utilization of noninvasive vascular testing, and the use of single-photon radiopharmaceuticals and emission tomography to assess regional cerebral blood flow.

Overall the department has introduced a number of new services for improved patient care while effectively addressing the necessities of cost containment.

Melvin E. Clouse, M.D.
Chairman
Department of Diagnostic
Radiology

Department of Pathology

Every year seems to present greater challenges and shifts in the patterns of delivering medical care, and the past year has provided major changes to which the department of pathology has adapted. The primary goals of a hospital are the prevention and treatment of disease and the care of both hospitalized and ambulatory patients. The pathology department should facilitate these functions by providing the best laboratory

we handled an unchanged volume with a decreased staff, an accomplishment requiring the resourcefulness and cooperation of all personnel.

A major new laboratory computer was installed in the summer, connected to the central hospital computer. The massive effort required to bring the computer on line for the 1.5 million tests done annually makes the accomplishment of personnel reductions even

measurements and increased efficiency. The addition of Dr. Carl O'Hara to the staff has facilitated an expansion of the study of cell markers, both in hematopoietic diseases and in solid tumors. Following the departure of Dr. Monica Gallivan to Washington, D.C., we recruited Dr. Walter Dzik from the National Institutes of Health to direct our blood bank. He arrived in time to handle very smoothly the heavy demands for



medicine. We have accomplished this in the face of the economic restrictions of Chapter 372. The medical staff has helped considerably by being more selective in ordering laboratory tests. For the first time in many years, laboratory volume has stayed nearly level instead of increasing from 10 to 15 percent. In contrast to last year when we handled a 13 percent increase with the same number of technical staff members, this year

more significant. The unusual smoothness of the transition is due to the careful years of investigation and planning and the months of training under Dr. Charles Arkin and chief medical technologist Joanne Casella. As the use of the computer progresses and extends to the doctors' offices, efficiency should increase further.

The first stages of a change to more than one multi-component analyzer in chemistry, instead of a single 20-channel analyzer, allowed greater pliability of biochemical

blood and blood components resulting from the hospital's first liver transplants. Expansion of the virology laboratory and the establishment of methods to detect *Cryptosporidium*, a parasite, are particularly applicable to the epidemic of Acquired Immune Deficiency Syndrome (AIDS). All gram-negative anaerobic bacteria are now being tested for the production of beta lactamase.



Education is the second essential goal of medicine, essential because of the need to replenish the staff with highly trained persons at all levels. From our medical technology school, currently in the process of changing its affiliation, we have supplied most of our present section supervisors and a great many of the medical technologists. The blood bank specialists school has provided supervisors for many of the region's blood banks. The combined cytotechnology school, supported by most of the Boston teaching hospitals, has supplied many of the cytotechnologists in the region; however, the program did not start a new class this September, and its future is uncertain. All three of these schools have been affiliated with Northeastern University.

Medical student teaching consists primarily of the basic pathology course and the pathophysiology blocks of Harvard Medical School, in addition to electives for students from Harvard and other schools. The department has long had a serious commitment to training residents in pathology and is proud of the major impact our former residents have had on medicine in this and in other countries.

Continuing education and postgraduate education also play a major role in the educational spectrum of the department. The range of programs extends from weekly interdepartmental and intradepartmental conferences, to half-day seminars at national meetings, to formal courses from a day to a week long organized as Harvard postgraduate courses or sponsored by a national society.

The research program is predominately applied or clinical research, including methodology in clinical pathology. Contributions have been made in endocrine pathology; pulmonary interstitial disease; pathology of tumors; hepatic, biliary tract and pancreatic pathology; and the pathology of bones and joints. A significant basic research program, under Dr. Samuel Balk, is studying growth factors of cells.

In addition to the affiliations already mentioned, other cooperative arrangements, which provide the department with stimulation and a greater depth of expertise, include the long-term combined department with New England Baptist Hospital; the psychiatric chemistry laboratory operated with the help of the Massachusetts Mental Health Center (the affiliation with McLean Hospital has been discontinued); anatomic pathology with the Lahey Clinic; and neuropathology with the Children's Hospital, formerly with Dr. Floyd Gilles and now with Dr. Anna Sotrel.

Despite the changes and challenges of the outside environment, or perhaps with some stimulation from them, the department has progressed, is productive, and anticipates the opportunities of the future.

Merle A. Legg, M.D.
Chairman
Department of Pathology

Department of Surgery

The multiple, uncoordinated efforts on the part of federal and state government, insurance companies and corporate business to control the escalating costs of medical care have resulted in unavoidably chaotic efforts by hospitals to comply with often confusing guidelines. In surgery this has resulted in a stringent reduction in capital expenditures as well as in ordinary budget expenditures. Perhaps the most serious questions emanating from this frenetic escalation of "controls" are whether they will, in fact, accomplish any effective cost reduction and, perhaps more importantly, whether a serious erosion of quality and safety will result. The implications for the future are serious.

Time and space preclude an extensive review of the activities of the entire department of surgery. It has been our custom in the Annual Report to focus on major areas not covered in recent reports and on new and interesting developments within the entire spectrum of surgery.

During the past year, after a long period of analysis, planning, and training in the area of clinical liver transplantation, this complex technical, immunological, and metabolic procedure was utilized for four Deaconess patients with terminal liver disease. Three of these cases were successful, and these patients represent the first cases in New England which have been brought to successful completion. This accomplishment rests on the work of many pioneers at both the experimental and clinical levels and is a tribute to the superb orchestration of the triple operations of donor organ procurement,

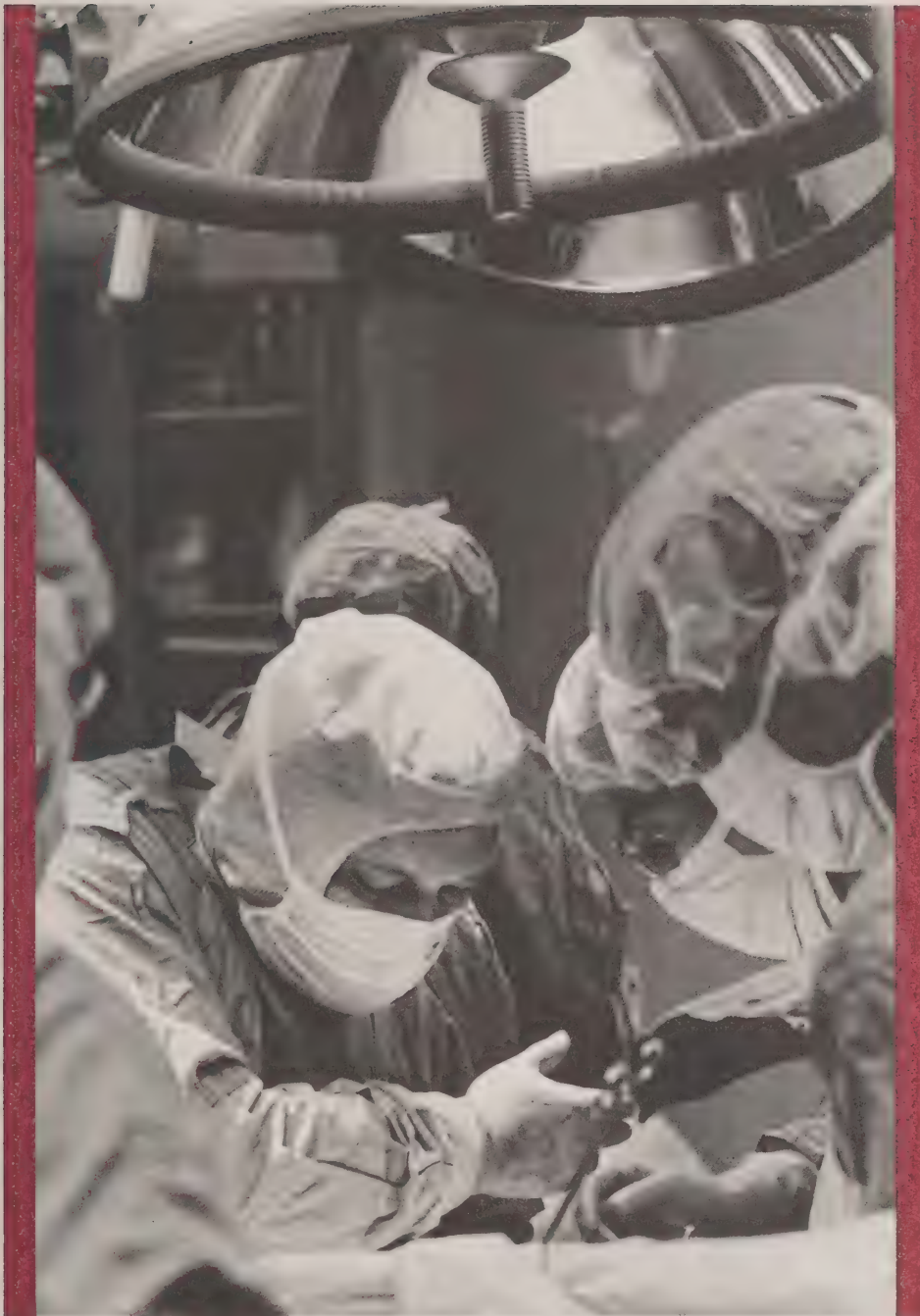
recipient hepatectomy, and liver replacement by our surgical team, including Drs. Anthony Monaco (chief of clinical organ transplantation), Roger Jenkins (head of the liver transplant unit), Peter Benotti, Albert Bothe, Blake Cady, and Peter Madras. In an unusual collegial effort, Drs. Thomas Starzl and Byers Shaw of the University Health Center in Pittsburgh flew to Boston on the night of the first transplant to advise and support our team.

Because of local regulations and restrictions, full implementation of a liver transplantation program must await a decision by the Commissioner of Public Health regarding the Boston Center for Liver Transplantation—a cooperative program organized by the Deaconess along with Children's Hospital, Massachusetts General Hospital, and the New England Medical Center. However, we have unquestionably entered an era in

which clinical organ transplantation will be increasingly applied for the treatment of terminal organ failure—cardiac, pancreatic, small intestinal, and even splenic. Kidney transplantation has, of course, been well established at the Deaconess for over a decade, and approximately 60 such procedures are done each year, many in collaboration with the Joslin Diabetes Center.

Other aspects of general surgery—such as surgical oncology, vascular surgery, nutrition and metabolism, and intraoperative radiotherapy were covered in some detail in last year's report. Of particular note this year are plans currently being developed by Drs. Peter Benotti and John Rowbotham for a colorectal cancer and stoma clinic, possibly operated in collaboration with the Dana-Farber Cancer Institute.





In the specialty areas, the ear, nose and throat division, under the leadership of Dr. Daniel Miller and his colleagues Drs. Richard Fabian and Charles Norris, plays a vital and expanding role in the department and in our clinical teaching and training programs. The division of gynecology, under the direction of Dr. Clement Yahia, has been strengthened in the area of gynecological oncology by the addition of

Drs. Theodore Barton and Robert Hunt. Broad coverage of fertility, laser and microsurgery and general gynecological surgery is provided by Drs. Peter Dragonas, William Finlayson, Gregory Kane, Thomas Leavitt, Raymond Reilly, Kenneth Rosenfield, and Bartlett Stone.

The areas of urology and neurosurgery were covered in last year's report, and developments in orthopedic, cardiothoracic, ophthalmic, and plastic surgery will be reviewed in subsequent reports.

Through its affiliation with Harvard Medical School, the department provides required introductory courses in clinical medicine as well as a core clerkship in surgery. A number of elective courses in both clinical and research subjects are offered to selected students from Harvard and other medical schools, and postgraduate research fellowships provide a wide exchange at the national and international level.

Outreach programs, which provide speakers for the educational programs of other New England hospitals, have increased steadily; and several members of the department serve as visiting professor or lecturer at other university hospitals. Members of the department also presented formal papers at the annual meetings of the American Surgical Association, the Society of University Surgeons, the New England Surgical Society, the American College of Surgeons, and at other national and international meetings.

In summary, the department plans to continue selective staff recruitment in special areas, to organize and develop extensions of the outreach program, to introduce programs as scientific developments bring new opportunities to the field of surgery, to continue flexible and expanding research units, and to evaluate and improve teaching. Legislative restrictions and regulations have presented new problems in organization and planning, particularly for tertiary care teaching hospitals, but it is hoped that thoughtful and effective approaches will permit continued improvement in patient care.

William V. McDermott Jr., M.D.
Chairman
Department of Surgery

Department of Anaesthesia

In its second year as a full, separate department at the Deaconess, anaesthesia has continued to grow in many areas—staff, residents, teaching, and services outside the operating room. Dr. David Longson, vice chairman, has been particularly involved in organizing and developing a diverse attending staff—new members of which are Drs. Robert Amrhein and Robert Bode, both graduates of the Massachusetts General Hospital anaesthesia residency and also trained in internal medicine, and Dr. Thomas Redner, an anaesthesiologist-surgeon from the Brigham. These physicians provide expertise in all areas of anaesthesia and intensive care.

The anaesthesia group itself has contributed funding to provide a fellowship in cardiac anaesthesia, and Dr. Peter Drake has obtained monies from a foundation for capital equipment. Harvard medical students receive extensive instruction in the department, as do surgical interns and residents in podiatry and dentistry. Department members also teach in other areas—combined services pulmonary rounds, surgical conferences and lectures for nurses in the recovery room, which is under the medical direction of the department.



Dr. Robert Loebelenz, also trained in cardiothoracic surgery, and Dr. Eduardo D'Agostino have joined a recently organized multidisciplinary team that is managing pain problems, especially in oncology. This exciting new service for Deaconess patients will provide state-of-the-art pain therapeutics, including the use of long-term indwelling catheters in the spinal column to allow regional injection of narcotics.

There are several developments in surgical anaesthesia. The department has reviewed and expanded its attention to patient safety in anaesthesia, a special interest of Dr. Pierce. Along similar lines, Dr. Baiba Ausinsch oversees the evaluation of the levels of trace anaesthetic gases in the operating rooms, a recent requirement of regulatory agencies. Prior to the first liver transplant at the Deaconess, Drs. Istrati Kupeli and James Gessner visited the University Health Center in Pittsburgh in order to become

familiar with that procedure's demanding anaesthetic requirements; they have established a rigid protocol and developed an improved pumping system for blood transfusions here, factors contributing significantly to the success of the program.

Drs. Robert Bode and Dean Tully are spearheading the development of interest in clinical anaesthesia research. The large number of cardiac surgical procedures in the hospital, as well as the size of our diabetic population, provide us with an unusual opportunity. Lastly, Dr. Donald Booker is overseeing the enlargement of our department library to provide reference material for the various activities.

Ellison C. Pierce Jr., M.D.
Chairman
Department of Anaesthesia

Joint Center for Radiation Therapy

Since 1968, the department of radiation therapy at the New England Deaconess Hospital has been an integral part of the Joint Center for Radiation Therapy (JCRT). The JCRT is a collaborative institution which incorporates all the hospitals in the Longwood Medical Area under the auspices of the Harvard Medical School. Other member hospitals include the Beth Israel Hospital, Brigham and Women's Hospital, Children's Hospital, and the Dana-Farber Cancer Institute.

The purpose of the JCRT is to share resources and personnel in order to provide opportunities for specialized patient care, teaching, and research which would not be available at any single hospital by itself. This sharing has resulted in one of the country's largest departments of radiation therapy, which now includes 11 faculty members and 16 residents treating approximately 2,500 patients per year.



Each division of the JCRT reflects the special character and interests of the parent hospital. At the Deaconess division—headed by Dr. John Chaffey—we strive not only to reduce the morbidity and mortality associated with malignant disease but also to maximize the quality of life for our patients in an atmosphere of concern and compassion.

Working closely with our colleagues in the department of surgery, we have developed a program of intraoperative radiotherapy under the leadership of Dr. Tyvin Rich. The Deaconess is one of only a few hospitals in this country which has an X-ray therapy unit in one of its operating suites. To date, this treatment has been given to over 35 patients, and our preliminary results have been highly encouraging. Collaboration with our colleagues in the medical oncology section has lead to new methods of delivering systemic chemotherapy to destroy the primary cancer. This combined modality approach has had application in a variety of cancers, particularly those of the gastrointestinal tract.

During this past year, Dr. Samuel Hellman, director of the JCRT since its inception in 1968, announced his resignation to take the position of physician-in-chief at Memorial Sloan-Kettering Cancer Center in New York. A search committee, appointed by the dean of Harvard Medical School and composed of members from each hospital, has begun to seek a new director. Under Dr. Hellman's leadership, the JCRT had a remarkable record of patient care, research, and teaching. We look forward to a new director as an opportunity to build from this base into new directions of treatment and research for patients with cancer.

Jay R. Harris, M.D.
Acting Director
Joint Center for Radiation Therapy

Research

Research is growing at the Deaconess with more than 36,000 square feet of space used to full capacity. Funding increased from \$2,136,415 in February to \$3,836,223 in August. Where last year we had six federal research grants, this year, under new manager of the office of grants and contracts Joseph L. Flaherty, there are 12 federal grants in addition to 26 industrial and foundation grants.

Research protocols, managed by Natalie Fossati, now number approximately 200. Many are cancer-related and include more than 20 new protocols from national study groups, collaborative arrangements established through a National Cancer Institute grant for a Community Clinical Oncology Program involving the Deaconess and eight other hospitals. The program is directed by Dr. Jacob Lokich. Under Marion Sciarappa, the tumor registry with 26,643 cases is a valuable resource for the cancer committee and for preparing grant proposals.

In pathology, Dr. Samuel Balk's tumor cell biology laboratory is growing. In diagnostic radiology, Dr. Daniel O'Leary's ultrasound research continues. Radiation research in the Shields Warren Radiation Laboratory, funded through Harvard Medical School, is conducted by Drs. James Adelstein, Herbert Abrams, and Jay Harris. The Department of Medicine is developing research in Dr. Robert Lees's new arteriosclerosis center and the pulmonary laboratory of Drs. Richard Rose and Joseph Zibrak.

Additional laboratories and research programs will be established as space and funding, both of which continue to be very difficult to obtain, become available.

Robert D. Pence
Administrative Director
Shields Warren Radiation Laboratory



Several new programs have begun at the Cancer Research Institute. Dr. Jack Hawiger's laboratory of experimental medicine, installed in renovated quarters with excellent support, is doing research on cellular receptors for plasma factors and their role in the formation of thrombotic lesions in cardiovascular infections. A new laboratory under Dr. Mario Baldini is studying the physiopathology of blood platelets with emphasis on cell-to-cell interaction. Another new hematology project is Dr. Murray Bern's work on ferritin-bearing lymphocytes in cancer.

As an important addition to his research into metabolism, nutrition, and hyperalimentation, Dr. George Blackburn's research program has recently received a National Cancer Institute grant supporting five nutrition/oncology fellows a year for five years. Dr. Bruce Bistrian has recently begun research on nutritional determinants of leukocyte-endogenous mediator production.

In addition to his group's work in the physiological and metabolic reactions necessary for recovery from injury and infection, Dr. George Clowes's laboratory is involved in research into the effects and problems of liver transplantation. Dr. Anthony Monaco's laboratory is studying methods of improving and enhancing transplant survival with reduced use of immunosuppression. His group also is doing research in bladder cancer with collaborators at Northeastern University.

Dr. Annemarie Herzfeld continues her basic research into the growth and development of the small intestine, and Dr. Olive Gates, a consultant to the institute, is completing radiation studies begun with Dr. Shields Warren several years ago.

Anthony P. Monaco, M.D.
Scientific Director
Cancer Research Institute

Department of Volunteer Services

The department of volunteer services continues to expand the scope of its role in the hospital with an increase in activities, areas of involvement, hours donated, and numbers of volunteers. In this era of cost containment, volunteers can help provide the additional time and assistance needed without sacrificing the quality of care for which the Deaconess is renowned.

lobby. Volunteers have proofread the new phone directory and helped in the collating, stapling, and mailings for groups such as the department of medicine, library, and public relations.

College and high school students interested in broadening their own lives, gaining experience for resumes, or developing skills for the future constitute a burgeoning volunteer group. Some students

Volunteers provide the "extras" such as reading or writing letters for a blind patient, taking a patient for a walk outside of the hospital, picking out a gift for a grandchild, or going to the airport with a departing patient. Some volunteers teach an exercise or dance class at the diabetes treatment unit or do the artwork on posters for various hospital activities.

In April, Aron Steinberg, a five-year volunteer in the messenger service, was cited by the Voluntary Action Center of Boston as one of ten outstanding volunteers in the City of Boston at special ceremonies held at City Hall. At the Deaconess annual awards ceremony held during National Volunteer Week, volunteers received pins and certificates of appreciation for from 100 to 10,000 hours of service, with some volunteers having been at the hospital over twenty years.

In today's world of increasing costs and diminishing returns, volunteers are potentially one of our greatest assets and resources.

Phyllis Wasserman
Director of Volunteer Services



Two hundred eighteen volunteers donating 25,035 hours have participated in over forty areas of the hospital including gift and thrift shops, patient services, dietary, radiation therapy, intravenous therapy, library, arts and crafts, messenger service, chapel, physical therapy, blood bank, Deaconess 4, Palmer 2 and 3, Farr 10, training, external resources, personnel, security, and the Farr

participate in specialized areas of interest, such as the surgical metabolism lab and pathology labs, while others have formalized internships. Many help where the need is greatest. Massachusetts College of Pharmacy students assist in the pharmacy delivering medications, transcribing physicians' orders, making IV's, and filling unit dose cassettes.

Special groups such as Army Reserve Nurses assist on Farr 7 and 8 as part of their monthly Reserve training. The Group Against Smoking Pollution, based at the Deaconess, utilizes volunteers who file, make photocopies, prepare a newsletter, and give legal advice.

Friends of the Deaconess

As we end another year, I want to express my sincere appreciation for the devoted service of everyone involved in making the year's undertakings so successful. They were successful not only from a monetary standpoint—we contributed over \$89,000 to various NEDH programs—but also from the standpoint of being an ever "friendly" presence, keeping alive the Deaconess tradition of caring for people—patients and employees alike.

its graduation exercises the equivalent of full tuition for one student for the three years' course.

Proceeds from the operation of the gift and thrift shops make up the annual gift of the Friends to the hospital. This past year the money, presented at the annual meeting of the corporation in January, was used to purchase new equipment for the pulmonary laboratory and to renovate a solarium on one of the patient floors. During one of the

The annual refurbishing and summertime maintenance of the Baker roof garden make this a pleasant spot for patients to enjoy the out of doors. Another "spirit lifter" for patients is the arts and crafts cart supplied by the Friends with handcraft materials. Our longstanding Christmas traditions of providing small gifts for patients' trays and of serving cider, coffee, doughnuts, and sweets in the Farr lobby cheer those away from home during the holiday.



Since our last annual report, exciting events have transpired. With the help of many Friends and volunteers, our two fund raisers for the School of Nursing Scholarship Fund—the Christmas Bazaar and the Evening at the Pops—enabled us and the participating New England Methodist churches to present to the School of Nursing at

monthly tours made by the Board of the Friends to a department of the hospital, it became clear that one more new piece of equipment for the pulmonary laboratory was needed, and the board voted to underwrite this special gift.

One more additional financial obligation assumed by the Friends this year was providing food for the "coffee and conversation" program in the oncology unit on Farr 10. This is a major contribution to cost containment under the newly legislated Chapter 372.

By your support of our book sales, plant sales and all the activities mentioned above, you will keep the Friends' spirit of service to the Deaconess growing and growing as the years go by.

Mary Eliza McDaniel
President
Friends of the Deaconess

A Profile of the Deaconess

Founded in 1896, the New England Deaconess Hospital began as a 14-bed, home-hospital dedicated to serving the health care needs of the Boston community. Today, it is the third-largest hospital in Boston, a 489-bed and 15-building complex located in the famed Longwood medical area. The Deaconess is a specialty-referral hospital serving the medical and surgical needs of a broad variety of patients from a number of teaching and community-based hospitals and clinics.

Beginning with the modest nursing school which graduated its first class in 1898 and which today is a widely respected, three-year diploma school operated by the hospital, the Deaconess has maintained a firm commitment to the education and clinical preparation of nurses.

A teaching affiliate of Harvard Medical School, the Deaconess is known nationally and internationally for the high quality of its patient care and the high calibre of its medical and nursing staffs and educational programs. It is particularly distinguished for its work in chest surgery and kidney transplantation and for diagnosis, treatment, research and nutritional support in cancer, diabetes, cardiac and renal disease and their related complications, as well as in general medicine.



The Deaconess Family

Medical Staff	479
Honorary Staff	30
Basic Research Scientists	35
Residents (medical & surgical)	201
Trustees	23
Corporation Members	163
Employees	3,011
School of Nursing Enrollment	161
Friends of the Deaconess	411
(including 70 life members)	

Consolidated Balance Sheets

September 25, 1983 and
September 26, 1982

		\$000	
Assets		FY 1983	FY 1982
Unrestricted Funds:			
	Current Assets	\$20,971	\$17,339
	Trustee Designated Funds	8,825	7,779
	Property, Plant, and Equipment (Net)	38,863	38,685
	Total	\$68,659	\$63,803
Restricted Funds:			
	Special Purpose Funds	\$ 2,951	\$ 2,192
	Endowment Funds	9,948	9,750
	Plant Replacement & Expansion Funds	94	86
	Total	\$12,993	\$12,028
Total Assets		\$81,652	\$75,831
Liabilities			
Unrestricted Funds:			
	Current Liabilities	\$16,579	\$14,053
	Deferred Revenue	838	872
	Long-Term Debt	11,078	11,898
	Fund Balances	40,164	36,980
	Total	\$68,659	\$63,803
Restricted Funds		12,993	12,028
Total Liabilities and Fund Balances		\$81,652	\$75,831

Detailed, audited financial statements
are available on request.

Statement of Revenues and Expenses

For the Fiscal Years Ended
September 25, 1983 and
September 26, 1982

	\$000	
	FY 1983	FY 1982
Patient Service Revenue	\$113,801	\$104,594
Less: Free Care, Current Contractuals and Uncollectibles	(18,181)	(16,579)
Net Patient Service Revenue	95,620	88,015
Other Operating Revenue	6,630	5,844
Total Operating Revenue	\$102,250	\$ 93,859
Total Operating Expenses	100,731	95,801
Income (Loss) from Operations Before Adjustments for Prior Years' Contractual Settlements	1,519	(1,942)
Adjustments for Prior Years' Contractual Settlements	(1,367)	1,291
Income (Loss) from Operations	152	(651)
Nonoperating Revenue	2,688	2,428
Excess of Revenue Over Expenses	\$ 2,840	\$ 1,777

Operating Statistics

Fiscal Year 1983 Compared to
Fiscal Year 1982

	FY 1983	FY 1982
Occupancy	88.2%	89.0%
Admissions	13,393	12,750
Patient Days	157,023	158,322
Average Daily Census	431.4	435.0
Average Stay (days)	11.7	12.4
Surgical Procedures	6,181	5,962
Radiology Procedures	64,989	62,833
Radiation Treatments	18,898	17,128
Laboratory Units	32,462,666	32,756,810
Outpatient Visits	52,078	50,324

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As of 1983, prior to
January 17, 1984
Annual Meeting

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Vice Chairman

Colby Hewitt Jr.
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Treasurer

Foster L. Aborn
Assistant Treasurer

George M. Hughes Esq.
Clerk of the Corporation

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Helen Chin Schlichte
Cornelius E. Sedgwick, M.D.

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President of the Friends of
the Deaconess

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Acting Chairman,
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Pathology

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John Wesley Lord
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John D. Young
Sandra O. Zakon
Wilbur C. Ziegler

* deceased

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(As of September 30, 1983)

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Maintenance & Engineering

Cornelius H. Keating

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Richard D. Reardon

Medical Records

L. Susan Conway

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